Third Party Billing Menu
Outpatient Visit Date Inquiry

EXAMPLE
The following is an example of what might appear on the screen while using the
Outpatient Visit Date Inquiry option. User responses are shown in boldface type.


```
Select PATIENT NAME:   ALLEN,JOHN A      01-01-44     442121211    NSC VETERAN

Select OP Visit Date:   ??

     Enter one of the following OP visit dates:

     01-25-92      L10171    REIMBURSABLE INS.        CANCELLED
     02-13-92      L10386    REIMBURSABLE INS         PRINTED

Select OP Visit Date:   1/25/92  (JAN 25, 1992)
```



```
ALLEN,JOHN A    442-12-1211      500-L10171    MAR 19, 1992@14:17    PAGE: 1
==============================================================================
Bill Status    : CANCELLED - RECORD IS UNEDITABLE
Rate Type      : REIMBURSABLE INS.
Reason Canceled:  WRITE OFF

Op Visit dates : JAN 25,1992

Charges        :  $148.00
LESS Offset    :   $30.00
Bill Total     :  $118.00

Statement From : JAN 25,1991
Statement To   : JAN 25,1991

Entered        : FEB 15, 1991 by CORCHRAN,EDWARD
First Reviewed : FEB 16, 1991 by MIX,SUE
Last Reviewed  : FEB 16, 1991 by MIX,SUE
Authorized     : FEB 16, 1991 by MIX,SUE
Last Printed   : FEB 16, 1991 by HOOPER,GARY
Cancelled      : MAR  6, 1992 by LYNCH,KATHERINE




Press RETURN to continue or '^' to exit:
```

Third Party Billing Menu
Copy for Secondary/Tertiary Bill

New Option

Introduction

This option is used to create Secondary and Tertiary bills. The Primary bill is copied to create the bill to the Secondary payer. The Secondary bill is copied to create the bill to the Tertiary payer. The bill being copied is not cancelled.

There must be a next "Bill Payer" in the series.

Example

```
Enter BILL NUMBER or PATIENT NAME:   K700135       SMITH,ALAN A           01-02-
98     Outpatient      REIMBURSABLE INS.     ENTERED/NOT REVIEWED


           Payer Responsible    Bill #   Status  Original  Collected     Balance
           -----------------------------------------------------------------------
    Primary:  ABC               K700135   CC      219.00     110.00        0.00
  Secondary:  NEW HEALTH        K700137   CC      109.00      32.50        0.00
   Tertiary:  PRUDENTIAL


Secondary bill already defined for this series: K700137


Copy K700137 for a bill to the Tertiary Payer, PRUDENTIAL?    y  YES

Prior Payment from K700137 Secondary Payer, NEW HEALTH: 32.50
```
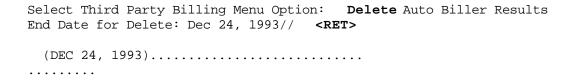
Third Party Billing Menu
Delete Auto Biller Results

EXAMPLE
The following example shows what might appear on your screen while using this
option. User responses appear in boldface type.

```
Select Third Party Billing Menu Option:   Delete Auto Biller Results
End Date for Delete: Dec 24, 1993//   <RET>

  (DEC 24, 1993)...........................
.........
```

Third Party Billing Menu
Print Bill

Updates to HCFA-1500 form -
Block 28, Total Charge, will contain the sum of all charges.

Block 29, Amount Paid will contain the offset amount (sum of all prior payments).

Block 30, Balance Due, will contain the Bill Charge (t otal charge minus the offset).

The Offset Amount will no longer print in block 24.

Updates to UB-92 form -
Form Locator (FL) 54 will contain the prior payments.

FL 56 will contain the prior bill #s if there is no other data in that field. If for some reason the Prior Bill #s should not print in block 56, enter 3 spaces or any other text in FL 56 on Screen 8 of the Enter/Edit Billing Information option.

The Offset Amount will not print in the Charges Block (42) if it is the same as the sum of the Prior Payments. (Prior Payments print in FL 54)

The Offset Amount will not be subtracted from the total charges printed on the bill if it is the same as the sum of the prior payments. This is for display on the bill only. The original amount of the bill in AR will be the total minus the offset, i.e., the total balance due.

Introduction

The Print Bill option is used to print third party bills on the appropriate form (UB-82/92 or HCFA-1500) after all required information has been input and the billing record has been authorized. You may also reprint a previously printed bill.

A final review of the information in the billing record may be performed through this option. The data is arranged so that it may be viewed through various screens. The patient's name, social security number, bill number, the bill classification (Inpatient or Outpatient), and the screen number appear at the top of every screen. A <?> entered at the prompt which appears at the bottom of each screen will provide you with a HELP SCREEN for that particular screen. The HELP SCREEN lists the name and number of each available screen for the bill you are working on and the data groups for that particular screen.

Third Party Billing Menu
Enter/Edit Billing Information

DATA SUPPLEMENT, cont.

BILL MAILING ADDRESS

WHO'S RESPONSIBLE	BILL MAILING ADDRESS IS
Insurer, cont. Primary insurance company selected and the insured's employer should receive the insurance claims for pre-processing	Employer's claims processing address

If the mailing address is edited at any time, the edited address is stored. If a new rate type or insurance company is selected at any time, even if the mailing address has been edited, the mailing address will be determined as described above.

Third Party Billing Menu
Cancel Bill

> When a bill is cancelled, it is removed as a Prior Bill Number from previous bills in the Primary/Secondary/Tertiary Series.

Introduction

The Cancel Bill option allows the user to cancel a bill at any point in the billing process. Once the bill is cancelled, there is no way to view the data contained in that bill.

If you select a bill which has been previously cancelled, certain prompts will appear with defaults.

A mail group may be specified (through the site parameters) so that every time a bill is cancelled, all members of this group are notified through electronic mail. If this group is not specified, only the billing supervisor and the user who cancelled the bill will be recipients of the message. An example of this message may be found in the Example Section of this option.

Only holders of IB AUTHORIZE security key may access this option.

The chart on the following page shows the prompts and steps involved in using the Cancel Bill option.

CANCEL BILL - Allows the user to cancel a bill at any point in the billing process.

COPY AND CANCEL - Used to cancel a bill, copy all the information into a new bill, and edit the new bill where necessary.

COPY FOR SECONDARY/TERTIARY BILL - Used to create Secondary and Tertiary bills.

DELETE AUTO BILLER RESULTS - Used to delete entries from the Automated Biller Errors/Comments report prior to a user-selected date for any entry not associated with a bill.

PRINT BILL - Used to print third party bills on the appropriate form (UB-82, UB-92, or HCFA-1500) after all required information has been input and the billing record has been authorized.

PATIENT BILLING INQUIRY - Allows you to display/print information on any reimbursable insurance bill, pharmacy copay, or Means Test bill.

PRINT AUTO BILLER RESULTS - Used to print the Automated Biller Errors/Comments report.

PRINT AUTHORIZED BILLS - Print all authorized bills by user-specified order.

RETURN BILL MENU

    EDIT RETURNED BILL - Used to correct bills with a status of RETURNED FROM AR (NEW) which have been returned to MAS from Accounts Receivable.

    RETURNED BILL LIST - Prints a list of all bills returned to MAS from Accounts Receivable.

    RETURN BILL TO A/R - Used to send bills which have been returned to MAS back to Accounts Receivable after they have been corrected.

UB-82 TEST PATTERN PRINT - Used to print a test pattern on the UB-82 billing form so that the form alignment in the printer can be checked.

UB-92 TEST PATTERN PRINT - Used to print a test pattern on the UB-92 billing form so that the form alignment in the printer can be checked.

HCFA-1500 TEST PATTERN PRINT - Allows you to print a test pattern on the HCFA-1500 form in order for the form alignment in the printer to be checked.

OUTPATIENT VISIT DATE INQUIRY - Allows you to display information on any outpatient insurance bill for a selected patient.

Enter/Edit Billing Information

The list of bills for a patient has been modified to include an indicator of th e bill's Payer Sequence, if the Payer Sequence is Secondary or Tertiary.

If creating an outpatient bill, a warning will be displayed if the patient was an inpatient on the event date entered.

When completing a bill, the Insurance Company edit check has been modified to insure the Bill Payer is assigned and Will Reimburse.

When completing a bill an edit check has been added that will issue a warning if one of the insurance companies assigned to the bill requires ambulatory care certification. This is a warning only. Processing will not be stopped.

When the bill is passed to Accounts Receivable the AR Debtor has been changed to the Bill Payer, rather than the Primary Insurance Carrier.

The following items have been added when displaying the patient's insurance: the policies Coordination of Benefits flag; the benefits coverage indicator will be in lower case if the coverage is conditional; the comments for any conditionally covered benefits; any Riders associated with a policy; "no CV" will print if all Coverage Limits have been set to Not Covered; "*WNR*" will print if the Insurance Company Will Not Reimburse.

"?INS" can now be entered to display all the patient's insurance. This will include general information on the policy and any riders or Conditional Coverage Comments.

Screen 1
Added automatic set of Patient Short Address if the Patients Address (selection 5) is edited.

Screen 3
Added Bill Payer Sequence to the display and edit.

Added Bill Payer to the display. This is set automatically based on Bill Payer Sequence and the Payers/Polices assigned to the bill.

Enter/Edit Billing Information

A message will be printed to the right of the Mailing Address if the patient has Medicare.

Insurance Companies that Will Not Reimburse will be displayed and may be added as one of the bill's Insurance Policies. However, they may not be defined as the Bill Payer.

The bill's Mailing Address has been changed to the Bill Payer mailing address rather than the Primary Carriers mailing address.
Prior Payments has been removed from this screen. They were added to Screens 6/7.

The display of insurance companies has been slightly modified to reduce the number of lines for each Bill Insurance/Policy to 3 lines.

The list of the patient's policies available (when no policy is yet assigned to the bill) has been modified to include Insurance that Will Not Reimburse. Also the display will include the Coordination of Benefits flag for the policy and the benefits coverage indicator will be in lower case if the coverage is conditional. "no CV" indicates all limits for the plan are set to Not Covered. '*WNR*' indicates the Insurance Company Will Not Reimburse.

Screens 6 and 7
Prior Payments have been added to the display and edit. The Prior Payment amounts will automatically be subtracted from the bill charge.

The Prior Bill #s have been added to the display. These may not be edited. These are only set when using the Copy for Secondary/Tertiary Bill option.

The charge display section has been modified. When non-per diem prescription of prosthetic charges are printed, the name of the billed item is printed rather than the revenue code description.

IB EDIT security key required to access this option.

Enter/Edit Billing Information

Introduction

The Enter/Edit Billing Information option is used to enter the information required to generate a third party bill and to edit existing billing information. A new bill can be entered or an existing bill can be edited, as long as the existing bill has not been authorized or cancelled. Once a bill has been filed (billing record number established), it cannot be deleted. The bill can be cancelled through the Cancel Bill option.

If the selected patient's eligibility has not been verified and the ASK HINQ IN MCCR parameter is set to YES, the user will have the opportunity to enter a HINQ (Hospital Inquiry) request into the HINQ Suspense File. This request will be transmitted to the Veterans Benefits Administration to obtain the patient's eligibility information. If Means Test data such as category, Means Test last applied, and date Means Test completed is available, it will be displayed after the patient name or bill number has been entered.

When entering a new bill, the system will prompt for EVENT DATE. When billing for multiple outpatient visits, the date of the initial visit is used. For an inpatient bill, the date of the admission is used. If an interim bill is being issued, the EVENT DATE should be the date of admission for that episode of care.

Third Party Joint Inquiry

Claim Information Screen
The label for the Insurance Company responsible for payment has been changed from Carrier Name to Bill Payer.

The payers defined on the bill that are not the Bill Payer will be displayed on the right side of the Claim Information section along with any associated payment. Previously the Secondary and Tertiary payers (if defined) were displayed.

The Bill Payer Sequence (Primary/Secondary/Tertiary) has been added under the Claim Information section.

The Date Entered of the bill has been removed from the upper section of the Claim Information section since it is already displayed on this screen.

A summary of the bill payers and other related bills has been added to the end of this screen if there are other Prior Bills (Primary/Secondary/Tertiary). This summary includes the bill's status and charge amounts.

Bill Charges Screen
On the HCFA 1500 format display, CPT Modifiers were added.

On the HCFA 1500 format display, the Total Charge and Offset Amount were added so the charges will appear as they would on the bill.

If there are multiple Payers (Secondary/Tertiary) assigned to a bill, they will be printed after the Total Charge along with any Prior Payment and Prior Bill number. These are printed in Form Locators 50, 54, and 56 on the UB-92.

If the bill has an Offset, the Offset Amount and the AR Original Amount will print after the Payers and Prior Payments.

Bill Procedures Screen
CPT Modifiers were added.

Notification of Subsequent Payor Bulletin
The following fields have been added: Bill Payer, Bill Sequence, and Primary/Secondary/Tertiary Insurance Companies assigned to the bill.

Third Party Joint Inquiry

> This bulletin previously was only generated for CHAMPUS, CHAMPVA, and Reimbursable Insurance bills. It has been extended to any bill with another payer in the series to be billed.

Introduction

This option provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care. This information is presented in List Manager Screens.

Because the same actions are available on most screens, and most screens can be accessed from any other screen; these "Common Actions" are listed first and are not repeated under each screen description. Only actions specific to a screen are included with that screen description.

You may QUIT from any screen which will bring you back one level or screen. EXIT is also available on most screens. EXIT returns you to the menu. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Actions shown in italics access other screens.

Common Actions

BC Bill Charges - Accesses the Bill Charges screen.

DX Bill Diagnoses - Accesses the Bill Diagnoses screen.

PR Bill Procedures - Accesses the Bill Procedures screen.

CI Go to Claim Screen - Returns you to the Claim Information screen. Available on all screens that may be opened from the Claim Information screen.

AR Account Profile - Accesses the AR Account Profile screen.

CM Comment History - Accesses the AR Comment History screen.

IR Insurance Reviews - Accesses the Insurance Reviews/ Contacts screen.

HS Health Summary - Displays a Health Summary report. The information displayed on the Health Summary is site specified through the MCCR Site Parameter Display/Edit option.

Third Party Joint Inquiry

Introduction, cont.

AL Go to Active List - Returns you to the Third Party Active Bills screen if that screen was accessed upon entering this option; otherwise, this action returns you to the menu.

VI Insurance Company - Accesses the Insurance Company screen.

VP Policy - Accesses the Patient Policy Information screen.

AB Annual Benefits - Accesses the Annual Benefits screen.

EL Patient Eligibility - Accesses the Patient Eligibility screen.

Third Party Active Bills Screen
This is the first screen displayed if you enter a patient name at the first prompt of this option. It lists all active third party bills for the specified patient in order of date created. All bills created in the Integrated Billing Third Party Billing module can be found on this screen or the Inactive Bills screen.

Actions

IL Inactive Bills - Accesses the Inactive Bills screen.

PI Patient Insurance - Accesses the Patient Insurance screen.

CP Change Patient - Allows you to choose another patient and re-displays the Third Party Active Bills screen for that patient.

Inactive Bills Screen
This screen lists inactive bills for a specified patient. All bills created in the Integrated Billing Third Party Billing module are found on this screen or the Third Party Active Bills screen. Bills are displayed beginning with most recent "statement from" date.

Actions
CD Change Dates - Allows you to change the bills listed by changing the most recent "statement from" date to be displayed.

Third Party Joint Inquiry

Introduction, cont.

Patient Insurance Screen
This screen displays the list of insurance policies for a patient. It is based on the Patient Insurance Management screen of the Patient Insurance Info View/Edit option. It is only available from the Third Party Active Bills screen.

Claim Information Screen
This screen contains bill data and status information to provide an overall status of the bill. This is the primary claim screen for the inquiry, and many actions are provided to expand on the details of the claim.

If a policy has been updated but the bill has not, those changes are not reflected on this screen. Updated or current insurance information may be viewed using the three insurance screens.

Actions

CB Change Bill - Allows you to change the bill being displayed. If you entered a patient name at the first prompt of this option, only bills for that patient may be selected. If you entered a bill number at the first prompt, any bill may be selected.

Bill Charges Screen
This screen displays a bill's charge information as it would print on the bill. For UB-92 bills, this closely corresponds to Form Locators 42-49; therefore, any prosthetic items, Rx refills, or additional diagnoses and procedures are included. For HCFA 1500 bills, this closely corresponds to Block 24.

Bill Diagnosis Screen
This screen displays all diagnoses assigned to the bill, in the order they are printed on the bill.

Bill Procedures Screen
This screen lists all procedures assigned to a bill, in the order they are printed on the bill.

Third Party Joint Inquiry

Introduction, cont.

AR Account Profile Screen
This screen provides the financial history of a claim's account. This includes the current status of the bill in both IB and AR, as well as the payment or transaction history of the bill from Accounts Receivable. This screen is loosely based on the Profile of Accounts Receivable option.

Actions

VT Transaction Profile - Accesses the AR Transaction Profile screen for a selected transaction.

AR Transaction Profile Screen
This screen displays detailed account transaction information for individual claim transactions. It is loosely based on the Accounts Receivable Transaction Profile option.

AR Comment History Screen
This screen displays AR comments for the claim's account.

Actions

AD Add AR Comment - Allows you to add an AR Transaction Comment to the bill being displayed. Comment transactions may not be added to a bill that has not been authorized in IB.

Insurance Reviews/Contacts Screen
This screen displays all insurance reviews and contacts for the episodes of care on a bill. It is based on the Insurance Reviews/Contacts screen of the Claims Tracking Insurance Review Edit option. The primary difference between the two screens is that this screen consolidates all contacts for each episode being billed on a claim, while the Claims Tracking screen displays the contacts for a single episode of care.

Actions

VR Reviews/Appeals - Displays expanded information on a selected insurance contact. The screen accessed by this action will depend on the type of contact selected. If the contact is an appeal or denial, the Expanded Appeals/Denials screen is opened; otherwise, the Expanded Insurance Reviews screen is opened.

Third Party Joint Inquiry

Introduction, cont.

Expanded Appeals/Denials Screen
This screen displays expanded information on insurance appeals and denials listed on the Insurance Review/Contacts screen. This screen is based on the Expanded Appeals/Denials screen of the Claims Tracking Appeal/Denial Edit option.

Expanded Insurance Reviews Screen
This screen displays expanded information on insurance reviews listed on the Insurance Reviews/Contacts screen. This screen is based on the Expanded Insurance Reviews screen of the Claims Tracking Insurance Review Edit option.

Insurance Company Screen
This screen displays extended information on an Insurance Company. It is based on the Insurance Company Editor screen of the Insurance Company Entry/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen displays only information related to the insurance carriers assigned to that bill.

Patient Policy Information Screen
This screen displays extended information on insurance policies. It is based on the Patient Policy Information screen of the Patient Insurance Info View/Edit option. This screen may be entered from either the Patient Insurance screen or from any of the bill specific screens. Once a bill is selected, this screen will only display information related to the insurance policies assigned to the bill.

Annual Benefits Screen
This screen displays extended information on the annual benefits of insurance policies. It is based on the Annual Benefits Editor screen of the Patient Insurance Info View/Edit option. This screen may be entered from the Patient Insurance screen or from any of the bill specific screens. Once a bill has been chosen, this screen displays information related to the insurance policies assigned to that bill.

Patient Eligibility Screen
This screen displays the current information on the patient's eligibility for care and service connection status. It is loosely based on the Eligibility Inquiry for Patient Billing option. This screen is available from the Third Party Active Bills screen and the bill specific screens.

Third Party Joint Inquiry

Introduction, cont.

If this screen is accessed from one of the bill specific screens, such as the Claim Information screen, the standard list of bill screen actions will be available from this screen.

If this screen is accessed from the Patient Insurance screen, no other screens are available as actions from this screen; and you must return to a previous screen to access other screens.

Third Party Joint Inquiry

EXAMPLE
The following examples show the various screens available through this option.

```
Third Party Active Bills        May 31, 1995 @10:07 :11              Page 1 of 1
JONES,ANDREW      A9281                                                      NSC
Bill #         From        To          Type   Stat Rate        Insurer   Orig Amt   Curr Amt
1  L10263      04/20/92    04/20/92     OP     BI   REIM INS      HEALTH       0.00       0.00
2  L10270      04/20/92    04/24/92     OP     PC   REIM INS      HEALTH     698.30     698.30
3  N10072 *    11/16/93    11/17/93     OP     N    REIM INS    + HEALTH     199.00     199.00
4  N10094      02/16/94    02/16/94     OP     PC   REIM INS    + HEALTH     196.00     196.00
5  N10123 *    03/01/94    03/15/94     OP     BI   REIM INS    + HEALTH       0.00       0.00
6  N10150 *    03/14/94    03/15/94     OP     BI   REIM INS    + AETNA        0.00       0.00
7  N10173 *    03/02/94    03/03/94     OP     BI   REIM INS      AETNA        0.00       0.00
8  N10174 *    03/06/94    03/07/94     OP     N    REIM INS      AETNA      356.00     356.00
9  N10222      05/01/94    05/31/94     IP-F   BI   REIM INS      HEALTH       0.00       0.00
10 N10236      06/01/94    06/05/94     IP-L   BI   REIM INS      HEALTH       0.00       0.00
11 N10273 *    03/03/94    03/31/94     IP-F   A    REIM INS    + HEALTH   11221.00     856.45
12 N10275      08/30/94    09/30/94     IP     BI   REIM INS      AETNA        0.00       0.00
+            | * Cat C Charges on Hold | + 2nd/3rd Carrier |
CI  Claim Information       IL   Inactive Bills      PI  Patient Insurance
CP  Change Patient          HS   Health Summary      EL  Patient Eligibility
Select Action: Next Screen//
```

```
Inactive Bills           May 17, 1996 13:30:26              Page:   1 of    2
JONES,ANDREW      A9281                          ** All Inactive Bills **  (9)
Bill #         From        To          Type   Stat Rate        Insurer   Orig Amt    Curr Amt
1  N10397      06/01/94    06/05/94     IL-L   CC   REIM INS    + AETNA     935.00        0.00
2  N10198      06/01/94    06/05/94     IP-L   CB   REIM INS    + HEALTH      0.00        0.00
3  N10212      05/07/94    05/12/94     IP-C   CB   REIM INS      HEALTH      0.00        0.00
4  N10148 *    03/02/94    03/03/94     OP     CB   REIM INS                  0.00        0.00
5  N10162 *    03/02/94    03/03/94     OP     CB   REIM INS                  0.00        0.00
6  N10095      02/16/94    02/16/94     OP     CB   REIM INS                  0.00        0.00
7  L10260      04/14/92    04/20/92     OP-F   CB   REIM INS      AETNA     1026.02     1026.02
8  L00389      02/08/90    02/08/90     OP     CC   REIM INS      BC/BS       26.00        0.00
9  00036A      02/07/90    02/07/90     OP     CC   REIM INS      BC/BS       26.00        0.00
+            | * Cat C Charges on Hold | + 2nd/3rd Carrier |
CI  Claim Information       AL  Go to Active List     CD  Change Dates
                                                      EX  Exit Action
Select Action: Next Screen//
```